

## Louisiana Emergency Rental Assistance Program Application

### SECTION I: APPLICATION INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Email Address: \_\_\_\_\_

Preferred Contact Method: ☐ Phone ☐ Email

Race:

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native and White	<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Other: _____
<input type="checkbox"/> American Indian/Alaskan Native and Black		

Ethnicity: Hispanic: ☐ Yes ☐ NoVeteran Status (If yes, please explain) ☐ Yes ☐ No  
\_\_\_\_\_

### CASE MANAGEMENT Contact Information

Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information

Please provide two (2) alternative contacts in the event we are unable to reach you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION II: HOUSEHOLD COMPOSITION

Is applicant seeking housing for additional family members? ☐ Yes ☐ No

If Yes, how many in family/household? \_\_\_\_\_

Please provide the following information for each person in the household, including the head of household.

NAME	SOCIAL SECURITY NUMBER	DOB	AGE	SEX	RELATIONSHIP

**SECTION III: HOUSING****Current Living Situation:**

Please note where the applicant has been sleeping in the week prior to referral:

- |   |  |
|---|--|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, etc.) | <input type="checkbox"/> *Psychiatric facility               |
| <input type="checkbox"/> Emergency shelter                                  | <input type="checkbox"/> *Substance abuse treatment facility |
| <input type="checkbox"/> *Transitional housing for homeless persons         | <input type="checkbox"/> *Jail/prison                        |
| <input type="checkbox"/> *Hospital  | <input type="checkbox"/> Other, specify: _____               |

**Explain Living Situation:**

Depending upon your current housing circumstances, you may qualify for a preference under this program.

Please review the housing situations listed below and check any boxes that describe your personal situation.

(This information is voluntary and will not impact your overall eligibility.)

**Homeless:** ☐ Yes ☐ No      **Elderly:** ☐ Yes ☐ No      **Disabled:** ☐ Yes ☐ No

**Accessibility:** Does a member of your household require the special design features of a particular unit?

(ex. wheelchair access or access for person who is hearing or vision impaired) ☐ Yes ☐ No

Please explain:

## SECTION IV: INCOME

Please list the amount of income received for each Household Member.

Note: Income verification **must** be attached.

Source	Who Receives	Amount	How Often
Supplemental Security Income (SSI)			
Social Security Disability Income (SSDI)			
Social Security			
Temporary Aid to Needy Families (TANF)			
Child Support			
Veteran's Benefit			
Employment Income (Please list information below)			
Unemployment Benefits			
Pension			
Food Stamps			
Other (please specify source)			
Total Monthly Income			

### Employment Information

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Frequency: \_\_\_\_\_

Tips/Commission? ☐ Yes ☐ No If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

Overtime? ☐ Yes ☐ No If yes, how often? \_\_\_\_\_

## SECTION V: ASSETS

### Household Asset Information

Please provide two (2) alternative contacts in the event we are unable to reach you.

Has anyone in the household given away anything of value within the last two years?

(if a home was released due to foreclosure, bankruptcy or divorce, answer no) ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

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Has anyone in the household owned a home in the last two years? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Do they currently own it? ☐ Yes ☐ No

If No, when was it disposed of? \_\_\_\_\_

If Yes, is it being rented? ☐ Yes ☐ No

Is it sitting vacant? ☐ Yes ☐ No

Is it in the process of being sold? ☐ Yes ☐ No

**REFERRAL SOURCE INFORMATION**

Staff Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CERTIFICATION**

**Privacy Act Statement:** The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

**Penalty for false or fraudulent statements:** U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

**Applicant(s) Statement:** I/we understand that false statements or information are punishable under federal law.

\_\_\_\_\_  
**Applicant Signature**\_\_\_\_\_  
**Date**